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Revised PTO/SB/50 (08-00)

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Attorney Docket No.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	31238-177927
	First Named Inventor	K. Kotsuki
	Original Patent Number	6,020,974
	Original Patent Issue Date (Month/Day/Year)	February 1, 2000
	Express Mail Label No.	

APPLICATION FOR REISSUE OF:
(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☐ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))

☐ Written Consent of all Assignees (PTO/SB/53)

☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☐ Original U.S. Patent for surrender
☐ Ribbioned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration (if applicable)
12. ☒ Preliminary Amendment
13. ☐ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ Other:

14. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label						26694		or <input type="checkbox"/> Correspondence address below	
Name	VENABLE								
Address	P.O. Box 34385								
City	Washington	State	D.C.	Zip Code	20043-9998				
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NAME (Print/Type)	Chad C. Anderson	Registration No. (Attorney/Agent)	44,505
Signature		Date	1/31/02

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PC Docs No. 348701

REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
31238-177927

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A)	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B)	****	X\$ =		or	X\$ =
(C)		(D)	*				X\$ =
Basic Fee (37 CFR 1.16(h))				\$			\$
Total Filing Fee				\$		OR	\$ 740.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 12	MINUS	** 20	*	X\$ =		or	X\$18= 0
Independent Claims (37 CFR 1.16(i))	*** 6	MINUS	***** 3	=3	X\$ =			X\$84= 252.00
Total Additional Fee					\$		OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancelation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 27 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 22-0261.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 992.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

January 31, 2002

Date

Signature of Applicant, Attorney or Agent of Record

Chad C. Anderson

Typed or printed name

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